

EXHIBIT A

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
 DANIEL SCHUBMEHL and KEVIN WOODS, on
 behalf of themselves and others similarly situated,

Plaintiffs,

15 cv 6432 – VEC

v.

AFFIDAVIT OF
SERVICE

SARMA MELNGAILIS, ONE LUCKY DUCK HOLDINGS,
 LLC, PURE FOOD AND WINE, LLC, CGM 54 IRVING, LLC,
 d/b/a PURE FOOD AND WINE, and ONE LUCKY DUCK
 ECOMMERCE, LLC, jointly and severally,

Defendants.
 -----X

STATE OF NEW YORK)
)ss:
 COUNTY OF NEW YORK)

Esther Ortiz, having first been duly sworn, deposes and says: I am not a party to the action; am over 18 years of age and reside at 207 West 106th Street, New York, NY.

On October 28, 2015, I served a copy of the Summons, Complaint, ECF Rules & Instructions, Hon. Valerie E. Caproni's Individual Practices and Hon. Caproni's Order filed October 27, 2015 in the within matter, by mailing a copy to each of the following parties at the last known address set forth after each name below. (See Exhibit A attached)

Sarma Melngailis 243 Fifth Avenue, #247 New York, NY 10016 Via First Class Mail	Sarma Melngailis 243 Fifth Avenue, #247 New York, NY 10016 Via Certified Mail, Return Receipt Requested Certified Mail #7006 2760 0000 2731 4588
Sarma Melngailis 38 East 21 st Street, 2 nd Flr New York, NY 10010 Via First Class Mail	Sarma Melngailis 38 East 21 st Street, 2 nd Flr New York, NY 10010 Via Certified Mail, Return Receipt Requested Certified Mail #7006 2760 0000 2731 4595

Sarma Melngailis c/o Mr. John Melngailis c/o Black Rooster Food, LLC 3314 Brooklawn Terrace Chevy Chase, Maryland 20815 Via First Class Mail	Sarma Melngailis c/o Mr. Noah Melngailis c/o One Lucky Duck Texas 303 Pearl Parkway, Suite 109 San Antonio, Texas 78215 Via First Class Mail
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Sworn to before me this

28th day of October, 2015.


Notary Public

BENJAMIN NATHAN DICTOR
Notary Public, State of New York
No. 02D16296798
Qualified in New York County
Commission Expires Feb. 10, 2018

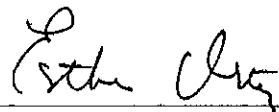

Esther Ortiz

EXHIBIT A

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Ms. Jarma Melngailis 243 Fifth Avenue NY NY 10016 #247</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) 7006 2760 0000 2731 4588</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



7006 2760 0000 2731 4588
7006 2760 0000 2731 4588

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Sent To Jarma Melngailis</p> <p>Street, Apt. No., or PO Box No. 243 Fifth Ave #247</p> <p>City, State, ZIP+4 NYC 10016</p>	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Ms. Jarma Melngailis 38 East 21 Street NY NY 10010 2nd FLR		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) 7006 2760 0000 2731 4595		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
PS Form 3811, February 2004		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL



7006 2760 0000 2731 4595
7006 2760 0000 2731 4595

U.S. Postal Service	
CERTIFIED MAIL - RECEIPT	
(Domestic Mail Only - No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Jarma Melngailis	
Street, Apt. No., or PO Box No. 38 E 21 St 2nd F	
City, State, ZIP+4 NYC 10010	
PS Form 3800, August 2009 See Reverse for Instructions	